I'm typinadise efformag at parmitmen according without a contact of the law form in additional and sit is the fire. { 1.7 - 19 i 41025'15" 8102312011 0000744 001 281

REPORTING PERIOD: FROM

PERMIT NUMBER

(20-21) (22-23) (24-28) 0 1 YEAR мо DAY

SIC

DIS

(26-27) (26-29) (30-31) 0 3 3 | 1 YEAR MO DAY

LONGITUDE

LATITUDE

## INSTRUCTIONS

Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
 Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing esterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXILUM" and "MINIMUM" are extreme values observed during the reporting period.
 Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "O".

Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equiva-

specify frequency of analysis for each parameter as no. analyses 700. do s. (e.g., 5)? Is equivient to 3 analyses performed overy 7 days.) If continuous enter "CONT."
 Specify sample type ("free" or "\_\_hr. composite") as applicable. If frequency was continuous, enter "NA".

Appropriate signature is required on bottom of this form.

7. Remove carbon and retain copy for your records.

8. Fold along dotted lines, staple and mail Original to office specified in permit.

PARAMETER		(3 card only) QUANTITY (38-45) (46-53) (54-61)			(4 card only) (02-63) (38-45)			CONCENT (46-53)		(32-(3)	FREQUENCY OF	SAMPLE	
		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	ANALYSIS	TYPE
FLOW	REPORTED	0.001080	0.002343	0.003420	MGD -							1/31	
	PERMIT CONDITION	-			· .	0				] <u>.</u>			
B.O.D.	REPORTED	.117	.552	.941	Kg/Day		28	61	- 71	mg/l		· .	
	PERMIT CONDITION	-	0.06	0.09	-	3	-	30.	45.		2	1/31	8 hr.
C.O.D.	REPORTED	.402	1.461	2.06	Kg/Day		96	161.	210	mg/1			composi
	PERMIT CONDITION		0.11	0.23	.;	3	_	60.	120		. 2	1/31	11
TOTAL SUSPENDED SOLIDS	REPORTED	.119	.314	.588	Kg/Day	L.	9	21.	60	mg/1		<u> </u>	
	PERMIT	-	0.04	0.08		3		20.	40		2	1/31	11
TOTAL CHROMIUM	REPORTED	0.000042	0.000236	0.000463	Kg/Day		0.01	0.02	0.04	mg/1			
	PERMIT		_	-	:	0	_	0.03	0.07		0	1/31	11
TOTAL PHOSPHOROUS	REPORTED	0.000078	0.000113	0.000153	Kg/Day		5.9	12.5	26.	mg/1			
	PERMIT CONDITION	_	-	_		0	· _	2.	4.		3	1/31	11
	HEPORTED				. ,								
	PERMIT CONDITION												<u> </u>
	REPORTED		:										
· · · · · · · · · · · · · · · · · · ·	PERMIT . CONDITION				. :								
NAME OF PRINCIPAL EXECUTIV	E OFFICER	<del>+</del>	OF THE OFFICER		DATE	Leer	ify that I am famil	iar with the info	mation contained	in this	1	2.	
avidson Herb	н.	Manager of Properties and Equipment			0   7   0   3								
AST FIRST	MI	1	TITLE	YEAR	MO DAY						OFFICE	R OR AUTHORIZ	LED AGENT

EPA Form 3320-1 (10-72)

OH ST

- 1. Flow Continuous monitoring is presently maintained and will be stated in all future reports.
- 2. Total Chromium Twice monthly composite will be reported in all future reports.
- 3. Discharge limits: Plans submitted, Letter to J. O. McDonald June 28, 1972,

81<sup>0</sup>23'20"

LONGITUDE

41°25'15"

LATITUDE

ad this into becinging visioners, at gainstines paracities - 1973 stanger sauted die as beneda

(17-19)

002

DIS

(4-16)

PERMIT NUMBER

0000744

OH

ST

2. Discharge Limita: Plans submitted, letter to J. C. McDonald -June 20, 1974.

281

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Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
 Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
 Specify the number of analyzed samples that exceed the maximum fand/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "O".
 Specify forequery of national periods are appropriated over actual time.

Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equiva-lent to 3 analyses performed every 7 days.) If continuous enter "CONT."

REPORTING P	ERIOD: FROM		1-28)   1   AY	7 4 0 3 YEAR MO	3	1		<ol> <li>Appropriate</li> <li>Remove car</li> <li>Fold along</li> </ol>	nalyses performed npic type ("grab")  signature is required to and retain cope dotted lines, stap	ired on bottom of y for your record:	ihis form.			as continuous
PARAMETER	- ,-,	(3 card only) QUANTITY (36-61) (46-53) (56-61)				(4 card only) CONCENT			RATION :	(62-63)	FREQUENCY	SAMPLE		
FARAMETER		MINIMUM	AVERAGE	MAXIMUM	4	UNITS '	NO. EX	мимим	AVERAGE	MUMIĶAM	UNITS	NO. EX	ANALYSIS	TYFE
FLOW	REPORTED.	.0.000367	0.001057	0.001961		MGD	-						1/31	
	PERMIT	_	-	_			0							
B.O.D.	REPORTED	.016	.070	.152		Kg/Day		5.	7.7	9.	mg/l		1/31	8 hr.
	PERMIT CONDITION	-	0.17	0.34			0	<b>.</b>	15.	30.	·	0		composite
TOTAL SUSPENDED SOLIDS	REPORTED	0.0016	0.0089	.0216		Kg/Day		1.	1.0	3.0	mg/l		1/31	11
•	PERMIT CONDITION	-	0.06	0.11	-		ò	-	5.	10.		0		
CHLORINE RESIDUAL	REPORTED				`			0.4	5.1	25.	mg/l		1/31	τi
	PERMIT CONDITION	-	-	-		· ·		_	0.5	1.0		2		·
	REPORTED				-									
	PERMIT CONDITION									•				11.00
	REPORTED			-						refer de				
·	PERMIT CONDITION	· .				; .				1 .				
	REPORTED									. :				
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION					· i•							<del>.</del> .	
NAME OF PRINCIPAL EXECUTIVE	H	Manager of	of the officer Properties oment		$\neg \tau$	)   7 0   3	report	and that to the b	liar with the informest of my knowledge		infor-	7/ .	Davi E OF PRINCIPA	LEXECUTIVE
LAST FIRST	MI	TITLE YEAR MO DAY										ER OR AUTHORIZED AGENT		

EPA Form 3320-1 (10-72)

- . Flow continuous monitoring is presently maintained and will be stated in all future reports.
- 2. Discharge limits: Plans submitted, Letter to J. O. McDonald June 28, 1974